was shot with a 38-calibre pistol ball, which entered $1^1/_2$ inches to the left of the umbilicus. Two hours after the injury, there was slight shock and the patient appeared to be comfortable, with the exception of a slight pain on the inside of the left thigh. Anæsthesia being induced and perforation of the abdomen being established, the belly was opened by a median incision under the carbolic spray, and the intestines examined in detail and wrapped in towels wrung out of a warm 1–1,000 sublimate solution; the jejunum presented four wounds, two of entrance and two of exit; the ileum was wounded twice; and the mesentery was perforated in two places and was also badly torn. Free bleeding from a mesenteric vessel was controlled by hæmostatic forceps and later by silk ligatures. All the wounds were closed by Lembert's sutures by a fine round needle with antiseptic silk. The mesenteric wounds were brought together as far as possible, but there was an infiltration of blood which could not be removed. The abdominal cavity was irrigated with a weak sublimate solution, the external wound closed with silver sutures and a large rubber drainage tube introduced, antiseptic precautions having been observed throughout the operation. The next morning vomiting occurred, and an examination of the wound showed that a suture had given away and a knuckle of intestine protruded, which was reduced and the opening closed. The temperature arose that evening, vomiting again occurred, and the patient suddenly expired shortly before midnight. The autopsy showed no adhesion of the parietal peritoneum, but all the intestinal sutures had held, and there was no fæcal extravasation, although a half a pint of dark, serosanguinolent fluid was found in the cavity. A circumscribed abscess was found in the mesocolon, out of the line of the bullet which was found behind the body of the fourth lumbar vertebra on the left side. —*American Surgical Association*, 1887.

XI. **Pistolshot Wound of the Liver, Stomach, Mesentery, Small Intestine and Kidney; Intestinal Suture and Nephrectomy; Death.** By W. W. KEEN, M. D. (Philadelphia). A woman, æt. 18, shot herself with a 32-calibre pistol, the ball entering over the ninth rib, which was fractured, $4^1/_2$ inches above and $3^3/_4$ inches to the right of the umbilicus, and being found under the skin

1½ inches above and 8 inches to the left of the umbilicus. There were no positive signs of involvement of the abdominal cavity, but an explorative operation was undertaken, 8½ hours after the injury, the line of incision intersecting the course of the ball so that if it had passed in the belly wall only, its track would be found. On opening the abdomen neither blood nor serum escaped, nor was any extravasated food or fæces noticed, nor was there any peritonitis. A wound was found, however, on the anterior wall of the stomach near the pylorus, and later what appeared to be one of two small patches of extravasation on the infero-posterior wall was found to be the small round wound of exit from the stomach, obscured by a slight coating of blood. These were closed by Lembert's sutures of the finest iron-dyed silk, an ordinary round sewing needle being used, and only the peritoneum and muscular coat being caught in the stitches. Extensive extravasation in the mesentery drew attention to a wound of the superior mesenteric vein just before it formed the portal vein, and a lateral ligature of chromic gut was applied to it; a small wounded artery was also ligatured, as well as a moderate bleeding point in the omentum. The anterior border of the liver had been scalloped by the ball, but as there was no bleeding, it was let alone. In addition, a large wound was found in a coil of small intestine in the left flank; it was 1¼ by ½ inches, the long axis in the axis of the bowel and almost at its mesenteric attachment; this wound was closed, no further lesion of the bowel or mesentery being discovered after careful examination of the entire alimentary tube. A wound of the left kidney was observed, however, its anterior surface having been ploughed through from the hilum to the opposite border half way through its entire thickness, one-third of its length above the lower end; the organ was extirpated, a drainage tube being drawn from the point cut through the abdominal wound. The condition of the patient was by this time such that the toilet was rapidly made and the abdominal wound closed *en masse*, without delaying to suture the prerenal peritoneum or to separately stitch the anterior peritoneum. She rallied excellently from the operation and did well for seven days, the wound of entrance completely closing and that of exit healing except for a drainage tube; a slight

gaping occurred in the belly wound, which was closed however by adhesion of the omentum. On the eighth day she was seized with rigors and high temperature, indicating a condition which continued with some variations until the thirteenth day, when the belly was again opened by freeing the adhesions between the omentum and the gaping abdominal wound, and the fingers passed into the cavity; no indications of peritonitis, pus or further injury were discovered, and the wound was again closed; the patient suffered no shock from this operation, but gradually failed until the fifteenth day, when she died. Autopsy revealed the blood in the mesentery disintegrating and suppurating, though no abscess existed nor was there any free pus in the peritoneal cavity; the wound in the small intestine was entirely healed, but on the other side of the mesentery, corresponding in position to the lower end of the wound, was a spot in the bowel wall as large as a five cent piece, which was gangrenous, and in its center was a double perforation of bowel, with pus in the caliber of the gut; the mesentery also showed local gangrene at this point. There was general peritonitis, which must have appeared after the latter operation.—*American Surgical Association*, 1887.

XII. Enterectomy for Strangulated Hernia. By N. B. CARSON, M. D. (St. Louis, Mo.). This paper consists of a report of a new case with remarks upon the operation in general. A boy, æt. 12, presented in his right groin a lump, about the size of a hickory nut. He had been suddenly seized with abdominal pain, which increased and became accompanied by vomiting. Strangulated hernia was diagnosed, and the sac opened, allowing the escape of two or three drachms of sero-purulent fluid. The knuckle of intestine was destroyed beyond recognition, and the stricture was so tight that there seemed to be no doubt but that the gut had been cut through, and if any attempt were made to divide the stricture, the adhesions would be broken and fæcal extravasation result. Median abdominal section was then made and the strangulated gut drawn out; it was then discovered that only about four-fifths of the circumference of the gut had been strangulated, while the remainder had been so tightly drawn to the border of the ring as to completely occlude it. The gut being